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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES			Docket Number (Optional) ROC920030175US1		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patients, P. O. Box 1450, Abexandria, VA 22319-1450" [ST OFF 186]), or electronically transmitted via EFS-Web, on <u>December 21, 2007</u> .	In re Application of				
	David O. Lewis				
	Application Number			Filed	
	10/625,955			July 24, 2003	
Signature <u>/Gero G. McClellan, Reg. No. 44,227</u> / Typed or printed	For METHOD TO DISABLE ON/OFF CAPACITY ON DEMAND				
name Gero G. McClellan	Art Unit Examiner 2134 Matthew E. Heneghan				
Applicant hereby appeals to the Board of decision of the examiner.	of Patent App	eals and	Inter	ferences from the	
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))				\$ <u>510</u>	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.					
The Director is hereby authorized to cha				equired, or credit any	
☐ A petition for an extension of time under 37 CFR 1.136(a)	(PTO/SB/22) is encl	losed.			
I am the /Gero			G. McClellan, Reg. No. 44,227/		
applicant/inventor.			Signature		
assignee of record of the entire interest.			Gero G. McClellan		
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			Typed or printed name		
attorney or agent of record.			713-623-4844		
Registration number <u>44,227</u> .			Telephone number		
attorney or agent acting under 37 CFR	1.34.				
Registration number if acting under 37 CFR 1.34			December 21, 2007		
			Date		
NOTE: Signatures of all the inventors or assignees of record of the Submit multiple forms if more than one signature is required, see b	entire interest or the elow*.	ir represental	tive(s) ar	e required.	

*Total of __ forms are submitted.

The concision of information is regaled by TO EFR 4.13. The information is required by obtain or retain, absent by the public which is to line (and by the USF) or process) any agriculture of the process of the public on Confidentially a generated by \$8.18.0.7.02 and \$7.05.FR 1.11. 1.14 and 4.8.1 this confidence is entitled to 15 and 5.7.0 minutes to complete, including gathering, preparing, and submitting the completed application form to the USF1O. Time will vary depending upon the individual case. Any commercia on the amount of time you require to complete the form and/or applications for reducing the bushes, should be sent to the Chief Information Officer.

TO THIS ADDRESS. SEND TO. Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1456. If you need assistance in completing the form, call 1: 80.97TO-1798 and select option 2.